

100 MAPLE AVE. SHREWSBURY, MA 01545 PH. 508-841-8509 FX. 508-842-0587

PAID EXCISE TAX REQUEST FORM

Bill #:		
Address:		
Model:	Year:	
Registration #:	VIN#:	
Tax Year(s):		
Date of Request:		
Please note we have ten days to re	esearch this information.	
Name:		

We will contact you when we have completed the information requested.